

BUREAU OF ALCOHOLIC BEVERAGES **Division of Liquor Licensing & Enforcement** 164 State House Station

Augusta, ME 04333-0164

Tel: (207) 624-7220 FAX: (207) 287-3424

BUREAU USE ONLY	
License No. Assigned:	 _
Deposit Date:	_
Amount Deposited:	_
CK/MO/CASH:	

WHOLESALE
MALT/WINE APPLICATION

PRESENT	LICENSE	EXPIRES:	

ALL	QUESTIONS	MUST BE	ANSWERED	IN FULL
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Indicat	e type of licens	e.			
_ _	Application f	or Wholesale Table V	Wine License		\$600.00 \$600.00 \$10.00
Federa	al I.D.#				
			Print Clearly		
1. Full	Name of Appl	icant:		·	DOB:
Stre	eet & Number:			City/	Town:
Stat	e:	_ Zip Code:	Telephone #:	I	Fax #:
2. Firm	m Name:				
Prir	ncipal place of b	ousiness: - Street Nun	nber:		
City	//Town:			State:	Zip Code:
Tele	ephone #:		Fax #:		
3. Are	you a citizen o	f the United States:	□ Yes □ No		
	ve you been a reine for at least 6		-	your corporation	been in business in the State of
	a. Are you, official?	• • •	cer in the corporate structure of	your corporation	n, if incorporated, a law enforcement
	b. Will any	law enforcement offi	icial benefit either directly or in	ndirectly in your l	license, if issued:

5. Number of distributing centers or v	warehouses:	
	Print Clearly	
Name	Street	City
of your/their family or manager, ever b violations, of any state, or of the United	nember of the partnership, association or corporation, or off een arrested, indicted or convicted for any violation of the d States: \[\sum \text{Yes} \text{No} \] DO	law, other than minor traffic
	Offense:	
Date of Conviction: Year	Month: Day:	
Disposition:		
holder of any malt liquor license or any	giving aid or assistance in the form of money, property, even other liquor license issued by the Liquor Licensing & Inspection	pection Division of this State?
license or other liquor license issued by	ny real or personal property, which is rented, leased or used the Liquor Licensing & Inspection Division of this State:	
association or corporation engaged or i	which license is desired owned or controlled, directly or inconterested, directly or indirectly, in the manufacture, distributes No If Yes,	ution, sale or transportation of
of approval from the State of Maine, in or in the corporation making this applic	ector or stockholder of a corporation which is the holder of any way interested, either directly or indirectly, as a direct cation for a wholesaler malt liquor license or any other liquor of this State: Yes No If Yes,	tor, officer or stockholder of or license issued by the
12. Have there been any changes in ow	TO BE ANSWERED BY RENEWAL APPLICANT	ch this application applies
	No If Yes, give details, including Maine citizenship state	us and address of any new

QUESTIONS 13 – 22 INCLUSIVE TO BE ANSWERED BY NEW APPLICANTS ONLY

13. If a partnership or If No, who:							Yes 🗆 N	No
14. If a partnership or	association, are a	all members there	eof citizens of	Maine	? Yes	No If	No, who:	
15. If a partnership, g	ive name(s) and a	ddress(s) of all p	partners:					
			Print Clearly					
Name	DOB	Street & 1	•		Town/City		State	Zip Code
16. If an individual or	montmonohim aivo	data of hinth on	d place of himth	for al	l mambana			•
16. If an individual of	parmership, give	date of birth and	Print Clearly	ior ai	i members:			
	Name		DOB					
					City	Place of		Country
					City	Ste	ite	Country
17. Has applicant prev If so, When? (List each	•	•		_				Yes No
18. Has license ever b If Yes, indicate when.		•			•			
19. Has license ever b	een suspended or	revoked?	Yes □ No	If Y	es, indicate whe	en		
20. If not native born,	when did you be	come naturalized	d?					
21. If a corporation, g	ive information re	equested on supp	olementary que	stionn	aire for corpora	ate applica	ants.	
22. Who owns the pro					-			oneration of said
business? Nam	ne: Town/City:			Stree	t & Number: _		Zin Codo	
a. State distance f								
I certify that a this application is false suspension.	all statements abo							
Dated at			on			, 20)	_
(City/Town State			N.	lonth/Day			

Signature(s) of Applicant(s) or Corporate Officer	Printed name of Applicant(s) or Corporate Officer				
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